



Do Not Write or Staple In This  
Space.  
Reserved For Fiscal.

## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01054891

USAS Doc Number :

TCODE : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000088840	0		TPCN-12.3	TPCN-12.3 (Fulfill the terms of contract)	\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID					
2010						
Contract #	529-10-0013-00001	Wkfc	Org PmtDt	IC	RC	Invoice DT: 10/20/15 Req'd Pay DT: 12/11/15 Inv Recv'd DT: 10/20/15 Pay Due DT: 12/30/15 Service DT: 11/30/15 P O DT:
1.1	725300	0001	716	5016	03138	Amount TANF100F Certified Amt: 0.00
Open Item Key:						

Descriptive Legal Text (DLT Comments):

DOS: 11/2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

443

DEC 08 2015

12/08/2015

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Gonzalez,Maria Gina (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name			Contact Phone(Area+Number)

#1054891

# Contract Vendor Invoice Payment Request



HHSC Office of Social Services  
Community Access & Services

Alternatives to Abortion-Texas Pregnancy  
Care Network

The attached invoice is approved for payment.

Invoice Date:	11/24/15
Invoice Number:	IPCN 12.3
Dept. ID/Speedchart:	716
Object Code:	725300
Contract Number:	529-10-0013-00001E
Contract Name:	Texas Pregnancy Care Network
TIN:	1760802397
Mail Code:	
Purchase Order Number:	52900-6-0000088840
Month of Service:	November 2015
Amount:	\$ 762,500.00
Month of Service:	
Amount:	
Month of Service:	
Amount:	

Invoice Received Date:

10/20/15

Payment Due On or Before:

\*December 1, 2015

Total Amount:

\$762,500.00

CONTACT	DATE
Preparer's Name:	Andrea Costley
Preparer's Phone:	512-206-5624

DATE

11/24/2015

See Invoice

NOV 24 2015

FINANCIAL MANAGER	DATE
Beth Zahn	11/24/2015
512-206-5111	
SIGN-OFF	DATE

DATE

11/24/2015

HANH  
512-487-3389



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

**To:** Business Bank of Texas, N.A.  
1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No.** 114925615

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-12.3

**Invoice Date:** October 20, 2015

**Due Date:** November 30, 2015

**For Professional Services Rendered:**

**RE:**

**Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.3:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** November 30, 2015

**\$762,500.00**

**Amount Due**

**\$762,500.00**

*Section 1.06 Modification to Section 4.02 General Payment Terms.*

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016 for the work performed in accordance with Exhibit A to this Amendment.

*(a) Payment Methodology*

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016.

*(b) Payment Schedule*

Payment No.	Description	Due Date	Amount
12.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2015	\$762,500.00
12.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2015	\$762,500.00
12.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2015	\$762,500.00
12.4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2015	\$762,500.00
12.5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2016	\$762,500.00
12.6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 29, 2016	\$762,500.00

**ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES**

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, and Four shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Five, the Parties expressly understand and agree that Amendment Five is hereby made a part of the Original Agreement as though it were set out word for word therein.

# Health & Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000088840
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				

Vendor: 1760802397  
 TEXAS PREGNANCY CARE NETWORK  
 1101 S CAPITAL OF TEXAS HWY  
 STE K250  
 WEST LAKE HILLS TX 78730-5115

Bill To: Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	Purchaser: Kessler,Autumn (PCS)	512.406.2563
1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00 LOT	3,050,000.00000	3,050,000.00 11/12/2015

1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	Schedule Total	<u>3,050,000.00</u>
Contract ID:	529-10-0013-00001	Contract Line:	0	Release: 8
		Item Total for Line	1	<u>3,050,000.00</u>
		Total PO Amount		<u>3,050,000.00</u>

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized